



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: SEGUIN TEXAS EMERGENCY PHYSICIANS PO BOX 2283 MANSFIELD TX 76063	MFDR Tracking #: M4-11-2020-01
	DWC Claim #: 11188694
	Injured Employee: NOEL MENDIOLA
	Date of Injury: 07/08/10
Respondent Name and Carrier's Austin Representative Box #: SERVICE LLOYDS INSURANCE CO Box #: 42	Employer Name: SEGUIN ELECTRIC CO INC
	Insurance Carrier #: 9633426

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Table of Disputed Services: "Our office did not receive the w/comp information until [sic] we received a call from Lee with Service Lloyds on 10-12-10 requesting us to bill them, tha [sic] claim was billed on 10-14-2010 and keeps denying past timely filing."

Amount in Dispute: \$91.65

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Respondent did not submit a position summary with their response.

Response Submitted by: Service Lloyds, PO Box 26850, Austin, TX 78755

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
07/10/2010	CPT Code 99283	N/A	\$91.65	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits 10/20/2010

- 29 – Time Limit for Filing Claim/Bill has Expired
- RM2 – Time limit for filing claim has expired.

Explanation of benefits 01/18/2011

- 193 – Original payment decision maintained.
- 29 – Time Limit for Filing Claim/Bill has expired.
- RM2 – Time limit for filing claim has expired.

Issues

1. Was the Requestor reimbursed for the treatment/services rendered?
2. Is the requestor entitled to reimbursement?

Findings

1. The documentation submitted by the Respondent shows the Respondent issued a check, numbered 8182626, on March 3, 2011 in the amount of \$92.36. Therefore, pursuant to 28 TX. Admin. Code §133.307(e)(3)(A) the Division has determined that a dispute no longer exists.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

_____	Marguerite Foster	08/30/2011
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.